

State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/10/2015

Business ID: 686061

William M. Gardner

Secretary of State

INDEPENDENT BUSINESS COUNCIL OF NEW HAMPSHIRE LLC

66 HANOVER STREET, SUITE 300
MANCHESTER, NH 03101

ADDRESS OF PRINCIPAL OFFICE:

66 HANOVER STREET, SUITE 300
MANCHESTER, NH 03101

REGISTERED AGENT AND OFFICE:

UPTON & HATFIELD, LLP
10 CENTRE STREET
CONCORD, NH 03301

ENTITY TYPE: LLC

BUSINESS ID: 686061

STATE OF DOMICILE: NEW HAMPSHIRE

CONSULTING AND ADVISING CLIENTS REGARDING BUSINESS AND
LEGISLATIVE MATTERS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address 62 Lowell Street, suite # 4, Manchester, NH 03101

☒ The new principal office address 62 Lowell Street, Suite # 4, Manchester, NH 03101

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Robert Lodge Nash
STREET 62 Lowell Street
Suite # 4
CITY/STATE/ZIP Manchester NH 03101

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Robert Lodge Nash

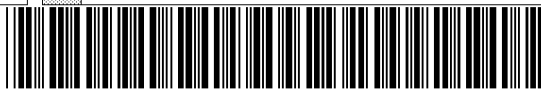
Please print name and title of signer: Robert Lodge Nash / AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



068606120151006

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

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RETURN COMPLETED REPORT AND PAYMENT TO:

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